



UTAH COUNCIL
for Worksite
Health
Promotion



Healthy Worksite Award Program Outcome Form

Company Information:

Company Name_____

Company Address_____

Contact Name_____

Contact Phone Number_____

Contact Email Address_____

Program Information:

Program Name_____

Type of Program_____

Program Start/End Dates _____

Program Goal_____

Program Description:

Participation:

Target population_____

Percentage of employees completing the program_____

Incentives:

Did you use incentives? Why or why not? _____

If so what incentives were used? _____

Promotion Strategies:

What did you use to promote this program?

P osters	Compan y Newsletter	E- mail
V oice-mail	B ulletin Boards	P aycheck Stuffers
Ot her: _____		

What promotion strategies worked? _____

What didn't work? _____

Program Materials:

What program materials did you use?

P aycheck Insert	Fl iers	D rop box cover
Tr ail Markers	Qu izzes	St air Trackers
O ther: _____		

What program materials were effective? _____

What program materials were not as effective? _____

Overall Program:

What aspects of the program were successful? _____

What aspects of the program, if any, will you change for next year? _____
